

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212543605				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Dominion Greenbrier, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD SUITE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2012</p> <p>SCC ID NO: 05490875</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100
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COMMON	100					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 120 TREDEGAR STREET</p> <p style="text-align: center;">CITY/ST/ZIP: RICHMOND, VA 23219</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY L SYPOLT TITLE: PRESIDENT ADDRESS: 120 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GARY L SYPOLT TITLE: PRESIDENT ADDRESS: 120 TREDEGAR ST CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD R RAIKES VICE PRESIDENT 701 EAST CARY STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARTER M REID VP/GENCOUNS/SEC 100 TREDEGAR ST RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE LEOPOLD SR VP INNSBROOK TECHNICAL CENTER 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON L BURR ASST SECRETARY 100 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES P CARNEY ASST TREASURER 100 TREDEGAR STREET RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G SCOTT HETZER SVP-TAX&TREASUR 100 TREDEGAR ST RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SHARON L BURR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		SHARON L BURR, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	
		11/13/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			